

Case Number:	CM13-0020899		
Date Assigned:	03/26/2014	Date of Injury:	05/26/2010
Decision Date:	04/24/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 5/26/10. A utilization review determination dated 8/23/13 recommends non-certification of OT x 8 visits for the right wrist/hand. The patient is s/p right CTR and de Quervain's release in February 2013 and had completed 16 postoperative sessions. 8/14/13 medical report identifies right wrist pain. On exam, there is positive allodynia, hyperesthesia, and swelling with decreased grip strength.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

OCCUPATIONAL THERAPY X 8 VISITS FOR THE RIGHT WRIST/HAND: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15-16, 21.

Decision rationale: Regarding the request for OCCUPATIONAL THERAPY X 8 VISITS FOR THE RIGHT WRIST/HAND, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." They recommend up to 8 postoperative sessions after carpal tunnel release and 14 sessions after de Quervain's release. Within the documentation available for review, there is documentation of completion of 16 prior therapy sessions and some persistent

symptoms/findings, but there is no documentation of specific objective functional deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested OCCUPATIONAL THERAPY X 8 VISITS FOR THE RIGHT WRIST/HAND is not medically necessary.